

Stonybrook Middle School Event Consent Form

Teacher: Mr. Al Thiessen

Event Date: Thursday, January 30th, 2020

Event Transportation: School Bus

Event Cost: Cost dependent on Activity chosen

Information:

All students will be registering for an Activity as outlined in the SMS Winter Activity Day Information letter.

GENERAL CONSENT FORM FOR EVENT

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements.
5. I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
6. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

Acknowledgement: I HAVE READ THE ABOVE. I UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I, _____ (print name), AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO AND AGREE THAT MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THIS EVENT/ACTIVITY.

Dated: _____ Permission Granted: ☐ Yes ☐ No

Full Student Name: _____

Signed Parent/Guardian: _____

Form to be kept on file at the school for 7 years.

Child's last name _____ First name _____

Birthdate _____ Gender ☐ M ☐ F
MM | DD | YYYY

Mailing address _____

City _____ Postal Code _____

E-mail address _____

Are you willing to be contacted by one of our researchers directly? ☐ Yes ☐ No

Contact/Authorized Pick-Up Information

Mother/Guardian name _____

Phone (home) _____ (daytime) _____ (cell) _____

Father/Guardian name _____

Phone (home) _____ (daytime) _____ (cell) _____

Alternate contact name (other than parent/guardian) _____

Phone (home) _____ (daytime) _____ (cell) _____

Office use only

☐ Cash ☐ Debit ☐ Cheque ☐ Visa ☐ MasterCard

Date received _____ Amount paid _____

Processed by _____ Participant Notified by _____

☐ Phone ☐ In person ☐ Fax ☐ Mail

Staff initials _____ Barcode _____

Payment information (fax and mail registrations only)

Please make cheques payable to the University of Manitoba and send to:

Mini U Programs, Customer Service Desk,

Room 145 Frank Kennedy Centre, University of Manitoba

Winnipeg, Manitoba R3T 2N2 | Fax: 204-474-7503

Payment

We do not accept post-dated cheques. Check method of payment:

☐ Cheque ☐ Visa ☐ MasterCard

Card Number _____ Expiry Date _____

Authorized credit card signature _____

School Name: _____

Program Name: _____ Program Date: _____

Barcode: _____

Questions? Call 204-474-6100.

Waiver, Release, Indemnity, Acknowledgement of Risk, and Conditions of Enrollment

I hereby authorize the University of Manitoba to take photographs of my child named in this application ("my child") during camp activities, and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with the University of Manitoba. ☐ yes ☐ no

1. I also understand that injuries can arise by accident from the very nature of camp activities, and I hereby release and waive all rights to any claim or action against the University of Manitoba (the "university") arising from injury, loss or damage to my child or to my child's property except where such injury, loss or damage is caused by the negligence of the university.

2. I hereby authorize the university to seek emergency medical assistance for my child named in this application ("my child") if the parents/guardians or emergency contact cannot be contacted. I understand that over-the-counter medications (e.g. Tylenol) may be used during camp and hereby authorize the use of such medications for my child if required.

3. I have read the general information in the Spring/Summer 2013 Mini U Guide and understand the refund policy.

Signature _____

(PARENT OR GUARDIAN)

Date _____

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the registration and admission of the applicant in the University of Manitoba Mini U Programs. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.